



P.O. Box 15275  
Sacramento, CA 95851-0275

**Purchase of Additional Service / Redeposit**

MS 0287 (Rev 7/95)

STATE TEACHERS' RETIREMENT SYSTEM  
P.O. BOX 15275 Sacramento, CA 95851-0275  
Toll free 1- (800) 228-5453  
or (916) 229-3870  
TDD Hearing Impaired (916) 229-3541

Date:

Social Security Number:

Name:

Subject : Purchase of Additional Service Credit / Redeposit Information

This is in response to your request concerning the purchase of additional service credit or redepositing of your previously withdrawn contributions and interest.

There are a number of factors that must be carefully considered when making a decision of this type. The cost involved should be compared to the possible benefits that would be received. Enclosed are pamphlets describing the purchase of additional service and redeposit procedures. Please review them carefully before making your decision.

If after reviewing the pamphlets you still wish to receive a statement of the cost to purchase additional service or the cost to redeposit your withdrawn contributions and interest, please fill out and return the form on the reverse side of this letter. A billing statement will be prepared and sent to you. Returning the form only indicates your desire for a statement- it does not obligate you in any way.

If you decide to purchase the service, payments may be made in one lump sum or monthly installments. Monthly cash payments may be made directly to STRS. Your employer may offer payroll deduction. After July 1, 1995, the employer may elect tax-deferred payroll deductions. Please check with your employer for further information.

If you have further questions, please write or call the Public Service Office at the address and telephone numbers listed above. Always include your social security number when corresponding with STRS.

Public Service Office  
Services Division

Please complete reverse side

# ***Internet Version***

## **Request for a Billing Statement**

The information on this form will enable the State Teachers' Retirement System to prepare a billing statement in response to your request. This form is used for both the purchase of additional service credit and for redeposits of previously refunded contributions and interest, and provides the identifying information needed for a proper determination of costs. Return the completed form to: STRS, P.O. Box 15275, Sacramento, CA 95851-0275.

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Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_

Please list any other names used during previous employment

Address \_\_\_\_\_  
Street / PO Box City State ZIP

Telephone Number \_\_\_\_\_  
Daytime Evening

Current Employer \_\_\_\_\_  
County / District

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Are you a member of another California Public Retirement System? ☐ No ☐ Yes

If yes, name of System \_\_\_\_\_

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☐ I wish to request a billing statement for additional service credit and I understand that further information and verification may be required.

Type of service to be purchased \_\_\_\_\_  
(See Additional Service Credit pamphlet)

County / District \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

County / District \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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☐ I wish to request a billing statement to redeposit my previously refunded contributions and interest.  
(See Redeposit pamphlet)

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I understand that this is not a contract and that my signature does not create an obligation on my part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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